

Case Number:	CM13-0025178		
Date Assigned:	11/20/2013	Date of Injury:	04/24/2003
Decision Date:	11/11/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 54 year old male with an injury date of 04/24/03. Per the 06/26/13 report by [REDACTED] the patient presents with improved pain and numbness following therapy. Examination of the upper extremities reveals tenderness over the left cubital tunnel and carpal tunnel scars. Grip strength is slightly diminished on the left. The patient's diagnoses include:- Status post revision left carpal tunnel release with ulnar nerve decompression at the wrist and hypothenar flap. (04/29/13).-Status post revision left cubital tunnel release with anterior submuscular transposition of the ulnar nerve. (Date unknown)-Status post left ASAD-Status post bilateral carpal tunnel releases with ulnar nerve decompression at the wrists-Left lateral epicondylitisThe 04/29/13 Revision left carpal tunnel release, left ulnar nerve decompression operative report was included in the reports provided. The utilization review being challenged is dated 08/28/13. No rationale was provided. The utilization review indicates 12 sessions 2 x 6 weeks were requested. Reports were provided from 02/22/13 to 08/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

THERAPY: OT; LEFT ELBOW, WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS guidelines Carpal Tunnel Syndrome (post-surgical guides) Page(s): 15.

Decision rationale: The patient presents with improved pain following physical therapy status post left carpal tunnel release 04/29/13. The treating physician requests for Therapy: OT; left elbow, wrist. The reports provided show the patient is within the post-operative treatment period 04/29/13 to 07/29/13. MTUS guidelines Carpal Tunnel Syndrome (p15, post-surgical guides) state: Postsurgical treatment (endoscopic and open): 3-8 visits over 3-5 weeks are allowed. The reports provided show the patient received 21 physical therapy visits for the left side with a diagnosis of Carpal tunnel syndrome; Other specified aftercare following surgery from 05/16/13 to 08/21/13. Fourteen visits were received 05/16/13 to 07/29/13 within the postoperative period. The 05/16/13 initial evaluation notes the patient is 2 weeks 3 days post op left Carpal tunnel revision and that a prior Carpal Tunnel Release was several years earlier. In this case, the 21 visits of postoperative care the patient has already received exceed what is allowed per MTUS. The request is not medically necessary and appropriate.